

<i>SERFF Tracking Number:</i>	<i>UNLI-126621498</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45713</i>
<i>Company Tracking Number:</i>	<i>5018</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2009 Medicare Supplement Rate Refund &amp; Benchmark Loss Ratio Report</i>		
<i>Project Name/Number:</i>	<i>2009 Medicare Supplement Rate Refund &amp; Benchmark Loss Ratio Report/</i>		

## Filing at a Glance

Company: Unified Life Insurance Company	
Product Name: 2009 Medicare Supplement Rate Refund & Benchmark Loss Ratio Report	SERFF Tr Num: UNLI-126621498 State: Arkansas
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: 45713
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: 5018 State Status: Filed-Closed
Filing Type: Form	Reviewer(s): Stephanie Fowler
	Disposition Date: 05/26/2010
	Authors: Beth Dixon, Diane Lauerman
	Date Submitted: 05/19/2010
	Disposition Status: Accepted For Informational Purposes
Implementation Date Requested:	Implementation Date:
State Filing Description:	

## General Information

Project Name: 2009 Medicare Supplement Rate Refund & Benchmark Loss Ratio Report	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/26/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/26/2010
Deemer Date:	Created By: Diane Lauerman
Submitted By: Diane Lauerman	Corresponding Filing Tracking Number:
Filing Description:	
Attached to this submission are the 2009 Medicare Supplement Rate Refund and Benchmark Loss Ratio Reports.	

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: UNLI-126621498 State: Arkansas  
Filing Company: Unified Life Insurance Company State Tracking Number: 45713  
Company Tracking Number: 5018  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: 2009 Medicare Supplement Rate Refund & Benchmark Loss Ratio Report  
Project Name/Number: 2009 Medicare Supplement Rate Refund & Benchmark Loss Ratio Report/

Beth Dixon, Actuarial Services Director bdixon@unifiedlife.com  
7201 W 129th St 913-871-7321 [Phone]  
Suite 300 913-871-7322 [FAX]  
Overland Park, KS 66213

#### **Filing Company Information**

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

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#### **Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$0.00	05/19/2010	

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Accepted For Informational Purposes	Stephanie Fowler	05/26/2010	05/26/2010

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## Disposition

Disposition Date: 05/26/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Product Name:	2009 Medicare Supplement Rate Refund & Benchmark Loss Ratio Report		
Project Name/Number:	2009 Medicare Supplement Rate Refund & Benchmark Loss Ratio Report/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Med Sup Rate Refund and Loss Ratio Report	Accepted for Informational Purposes	No

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			